

Exhibits - Exhaustion of Remedy

- A. Grievance 1104872 - From CRCC - Denied
- B. Grievance 1104987 - From CRCC - Denied
- C. Infraction Appeal - March 22, 2011
- D. Appeal to Superintendent Uttecht - CRCC
- E. Appeal to John Campbell - Dept Corrections CC41
- F. Grievance 1111631
- G. Grievance 1111482
- H. Grievance 1111627
- I. Grievance 1208903
- J. Grievance 1204320
- K. Official Misconduct Against D. Byrnes
- L. Infraction Appeal from 2-22-12 Hearing

LOG I.D. NUMBER

1104872

STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

OFFENDER COMPLAINT

CHECK ONE: ☒ INITIAL GRIEVANCE, ☐ EMERGENCY GRIEVANCE, ☐ APPEAL TO NEXT LEVEL

RESIDENTIAL FACILITIES: Send all completed copies of this form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible but include the necessary facts. A formal grievance begins on the date the typed grievance forms are signed by the coordinator. Contact a staff member to report an emergency situation or to initiate an emergency grievance. Please attempt to resolve all complaints through appropriate staff before initiating a grievance.

NAME: LAST <u>Reed</u>	FIRST <u>Matthew</u>	MIDDLE	DOC NUMBER <u>339.765</u>
PROGRAM ASSIGNMENT	WORK HOURS	FACILITY/OFFICE	UNIT/CELL <u>A-134</u>

COMMUNITY SUPERVISION: Send all completed copies of this form directly to: Grievance Program Specialist, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129.

MAILING ADDRESS: STREET OR P.O. BOX	CITY, STATE	ZIP CODE	TELEPHONE NUMBER
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I WANT TO GRIEVE:

CRC - G Unit Counselors Stokes, C O Knode, unknown G Unit GPOD counselor female, and the CPM for 2/18/11 as of 2:00PM Offending G Unit staff attempted to convene an FRMT to demote my custody. This FRMT was to take place immediately and without notice or my presence. Per DOC policy I am entitled at least 48 hours notice and the right to be present for the hearing. Additionally it was demanded that I waive these rights on the spot. I refused as no clear answer for the hearing would be provided and none of the staff were my assigned counselor. It was my understanding the hearings would take place per normal scheduling the next week. Staff personnel retaliated by filing a administrative segregation order. This is a definitive issue but a policy matter under the purview of the grievance system.

SUGGESTED REMEDY: Violation of power and inmate rights. Further this is not a classification issue but a policy matter under the purview of the grievance system.

Investigation of G Unit staff for systematic abuse of power along with the acting CPM. All staff involved should be reassigned demoted or terminated.

MANDATORY

SIGNATURE

DATE

GRIEVANCE COORDINATOR'S RESPONSE

LOCATION CODE

B-01

DATE RECEIVED

3/14/11

Your complaint is being returned because:

- ☐ It is not a grievable issue.
☐ You requested to withdraw the complaint.
☐ You failed to respond to callout sheet on _____
☐ The formal grievance/appeal paperwork is being prepared.

- ☐ The complaint was resolved informally.
☐ Additional information and/or rewriting is needed.
 (See below.) Return within five (5) days or by:
 Due Date: _____
☐ No rewrite received. Date: _____

EXPLANATION: The event you describe was not a hearing it was an investigation - you were subjected and your complaint can be heard through the jurisdiction appeal process

INITIAL COMPLAINT ORTS INFORMATION						DATE OF RESPONSE	COORDINATOR'S SIGNATURE
TYPE	CATEGORY	AREA	SPEC	REMEDY	RESOLUTION		
01	50	311	722	08	08	03/14/11	W McCouch

B-4

LOG ID. NUMBER

1104987

STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

OFFENDER COMPLAINT

CHECK ONE: ☒ INITIAL GRIEVANCE, ☐ EMERGENCY GRIEVANCE, ☐ APPEAL TO NEXT LEVEL

RESIDENTIAL FACILITIES: Send all completed copies of this form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible but include the necessary facts. A formal grievance begins on the date the typed grievance forms are signed by the coordinator. Contact a staff member to report an emergency situation or to initiate an emergency grievance. Please attempt to resolve all complaints through appropriate staff before initiating a grievance.

NAME: LAST <i>Reed</i>	FIRST <i>Matthew</i>	MIDDLE	DOC NUMBER <i>339765</i>
PROGRAM ASSIGNMENT	WORK HOURS	FACILITY/OFFICE	UNIT/CELL <i>A-B4</i>

COMMUNITY SUPERVISION: Send all completed copies of this form directly to: Grievance Program Specialist, Offender Grievance Program, Department of Corrections, P.O. Box 41128, Olympia, WA 98504-1428.

MAILING ADDRESS: STREET OR P.O. BOX	CITY, STATE	ZIP CODE	TELEPHONE NUMBER
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I WANT TO GRIEVE:

CRCC - AdSeg Policy. Per policy adseg hearings are not appealable under the pretense they are reviewed by the associate or designee. This is inconsistent with Doc primary policy and leaves no room for corrective action or dissemination of information. Hearings Specialist Scilley actively fails to correctly seek inmate information, update off hearing reviews with deadlines or continuances and generally acts in an unprofessional manner. The inability to appeal leaves Scilley as the sole controller of information and zero accountability. The associate in this case is forced to act as a mere rubber stamp to the hearing specialist and not as an independent reviewer.

SUGGESTED REMEDY:

Alteration of CRCC policy to allow appeal of ad seg hearings and placement without the intervention of the hearings specialist.

MANDATORY

SIGNATURE

DATE

GRIEVANCE COORDINATOR'S RESPONSE

LOCATION CODE

R01

DATE RECEIVED

3/15/11

Your complaint is being returned because:

- ☒ It is not a grievable issue.
☐ You requested to withdraw the complaint.
☐ You failed to respond to callout sheet on _____
☐ The formal grievance/appeal paperwork is being prepared.

- ☐ The complaint was resolved informally.
☐ Additional information and/or rewriting is needed.
 (See below.) Return within five (5) days or by:
 Due Date: _____
☐ No rewrite received. Date: _____

EXPLANATION: *This is a classification issue and not grievable.*

You may address your concerns through Appeal to Supt. or Designee or address your concerns at the classification Reviews.

INITIAL COMPLAINT OBTS INFORMATION						DATE OF RESPONSE	COORDINATOR'S SIGNATURE
TYPE	CATEGORY	AREA	SPEC	REMEDY	RESOLUTION		
01	50	311	503	08	08	3/15/11	<i>JL Flannery</i>

Infracton Appeal

Page 1 of 4

3/22/2011

3-22-2011

Re: Appeal of 506 Threatening another person

I am appealing the guilty finding of CS Bixani on a 506 infracton. The finding should be overturned as the definition of threatening cannot be met, no evidence suggests a threat to institutional safety and security, the evidence should have been investigated and handled per Doc policy 450.100, mail for offenders, actions were already in progress to address the concerns, and the upholding of the finding undermines Doc policy to encourage outside support and use of mental health.

Threatening by definition involves the specific action of conveying intent to cause fear, apprehension, or otherwise intimidate another person. With regard to a 506, this threat must specifically involve harm to another person, the threatenee, or harm to property or family of the threatenee. All of the evidence collected by CUS Robideau consists of email sent to family, none of whom were threatened or directed to take action that would threaten institutional security or safety. No one offered any evidence or testimony that they had been directly threatened or witnessed anybody directly threatened. The messages presented as evidence are a private communication between willing communicators, and thus are not part of the public record. Even within the messages, there is not one statement in the form of "I will..." commit a certain threatening act. What can be found are beliefs

Infraction Appeal

Page 2 of 4

3/22/2011

and opinions of a private discussion. Even if distasteful, or unpopular the US Supreme Court has repeatedly protected hate speech under the first amendment. None of the evidence shows an intent to create apprehension in another nor does it show the intent to convey that information to a specific party.

Next if we look at Class B, Level 3 infractions it will be seen that all offenses create an immediate risk to the safety and security of the staff or other offenders. The sending of email does not create a disturbance that would jeopardize security in any fashion. Sending email or messages is part of normal daily activity much like sending out mail via USPS. Further, mail violations, including sending mail in violation of a court order, are class C infractions, not higher level class B issues. Again none of the evidence suggests an immediate threat to safety or security or even an attempt to circumvent or undermine that security.

A major problem with these proceedings, is that they should be governed by DoC policy 450.100, mail for offenders. Per 450.100T.B, DoC does not limit mail based on content if I bear the cost. The policy further expands on this idea in sections III.B and VIII.C. DoC does not censor mail that contains critical opinions of DoC staff or policy. Further it does not restrict publications based on appeal to ethnic, racial, religious, political, or sexual orientation. Presumably at least the same freedom, if not greater, would be applied to out-bound mail. Again, there is no allegation of a threat to security.

Infraction Appeal
Page 3 of 4
3/22/2011

and safety, or to introduce contraband; this is what DoC has authority to search mail for-prevention. Should there be a problem with mail, policy 450.100 defines the protocols that must be followed by CRCC personnel. The evidence submitted was not rejected in accordance with policy and therefore should be presumed to be acceptable. Email, like mail, once it has left the facility is out of DoCs control and should not be retroactively recoverable. CRCC has the opportunity to restrict all mail before it leaves the facility and if they choose to restrict it, section VII. A of policy 450.100 must be followed. At no time have I been advised of the restriction in accordance with policy and advised of my right to appeal the mail restriction. Even if the restriction is ultimately upheld, the mail is to be placed in a file for 2 years, 450.100 VIII.B.1.b. CRCC personnel have blatantly disregarded mail policy, and the evidence submitted fails to rise to a level that violates 450.100.

Additionally the actions taken in the filing of a 506 infraction are redundant with action already in progress by CRCC staff member CC Perry. On February 18, 2011 CC Perry, not my counselor, filed a plan change to demote my custody to MI-3 based on the sending of inappropriate ipay messages. The additional filing of Ad Seg orders and an Infraction are purely unnecessary, exceptionally punitive, and serve no real purpose in maintaining safety and security.

Finally, the upholding of this infraction undermines DoCs

Infraction Appeal
page 4 of 4
3/22/2011

credibility and published opinions on the value of an offender support base. Prison is by nature an ugly, unpleasant, and generally hostile environment. This will undoubtedly foster negative emotions, beliefs, fears, thoughts, which may include depression or other diagnosable illnesses. It is important that these issues be addressed early by supportive family, friends, and possibly mental health personnel. This infraction has the effect of silencing such communication and forcing offenders to bottle emotions for fear of reprisal by CRCC staff. Classification and custody personnel ignore Mental Health Specialist Ruge's evaluation of my mental state, and thus undermine confidence in the medical staff to assist offenders. CRCC severely damages DOC's credibility in writing this infraction.

For all of the reasons discussed here both collectively and individually, CS Bivani's guilty finding should be overturned. This would be consistent with the rule of law and the concept that both offenders and DOC staff have responsibilities and limits with regard to their action. DOC has the right and obligation to maintain safety and security, but not the authority to act as thought police in an Orwellian manner.

Please reverse all findings and sanctions on this matter.

Matthew Reed

Matthew Reed 339765

3-22-11

Superintendent CACC

Mr. Jeff UHecht

Coyote Ridge Correctional Center

P.O. Box 769

Connell, WA 99326

March 22, 2011

Re: Ad Seg Confinement

Superintendent UHecht

I am writing you to appeal my continued placement in ad seg and to object to the manner in which DOC policy 320.200 is being implemented by CS Scilley and the at least complicit involvement of Associate Andrew Jeski.

On 2/18/11 Lt. Douglas order my segregation citing threat to self/others/security on form 17-075 as allowed under 320.200 section I.A. However the rationale for the segregation provides no insight into how myself or others are endangered if I am not immediately segregated as required by section I.A. There is no indication that a classification committee authorized the segregation. The initial actions appear to be a violation of Ad-Seg policy.

Ad Seg Appeal-Sup - 1 of 6

The shift commander did ensure that I received the initial OS-797 and 17-075 as required by section II. B. This is perhaps the only portion of policy 320.200 that has been adhered to in over 30 days on Ad Seg Confinement.

On 2/23/11 CS Scilley spoke with me. Per policy this should have been an informal hearing with the ad seg classification committee (320.200 III. B). Per policy CS Scilley presides over the committee (320.200 II. A), but no one other than CS Scilley was present. There was certainly no meeting with a committee to perform this review. Further, if this was to be portrayed as a hearing, CS Scilley would be obligated to document all information presented including my statements (320.200 III. E). This information should have been compiled on OS-092, forwarded to Associate Andrewjeski for review and returned to me on form OS-092 (320.200 II. L-N). The comments attributed to me of OS-092 represent little if any of what was said or discussed with CS Scilley.

By 2/22/11 I should have received form OS-797 showing the date of the first formal hearing on 3/2/11 and indicating the dates for the next 8 reviews (320.200

III.B.1). This was never and has not been since, presented by CS Scilley or any other staff member.

On 3/2/11, CS Scilley handed me form OS-092 dated for 3/2/11 and electronically signed by both CS Scilley and Associate Andrew Jeski. At no time was any attempt made to ensure that I was allowed to be present for the meeting of the classification committee (320.200 III.D) or to allow me to request witness statements (permitted per form OS-797). The collection of said witness statements being CS Scilley's responsibility (320.200 III.C, H).

CS Scilley has repeated the same action on 3/9/11 and 3/16/11. Each time the OS-092 form has been presented completed and signed by CS Scilley and Associate Andrew Jeski. I have never met with the ad seg hearing committee for classification purpose as defined in 320.200 III.A, nor have I met any committee members other than CS Scilley, nor have I been advised of any of the hearing dates apart from 2/23/11, nor have I been allowed to present testimony before being presented with a finalized OS-092 form. Virtually none of 320.200 III is being followed by CS Scilley and Associate Andrew Jeski is signing off on this

process in violation of policy.

I am asking that the following actions be taken:

1. Immediately release me from Ad Seg.
2. Immediate release of all offenders who have served more than 14 days and are not pending transfer to another institution.
3. A written and signed document to all offenders released apologizing for confinement in violation of policy and admitting wrong doing by CRCC staff in the operation of the Ad Seg unit.
4. Conduct training for all individuals covered by 320.200 I.A who can authorize immediate segregation.
5. Clearly define the Ad Seg classification committee and the process they must comply with to meet the requirements of 320.200.
6. Have Associate Andrew Jeski and/or CPM Murphy audit the work of the classification committee bi-weekly until it can be satisfied that policy is adhered too. This audit should include interviews with offenders to ensure full compliance and professionalism.

Forgive me if it feels as though I am telling you how to do your job. Having been on Ad Seg for over 32

days on my first infractions, for which I was only sanctioned with time served, no clear answers from CS Scilley, and no real meeting with a classification committee, I'm deeply concerned that the Ad Seg unit is concentrating an inordinate amount of power on one person, CS Scilley, and that there are no protocols in place to temper that power or provide any degree of accountability.

Prior to having this appeal completed, CS Scilley convened a hearing, again without notice and consisting of only himself. On 3/23/11 CS Scilley continued to disregard 320.200TH protocols for continued Ad Seg placement. These violations also conflict with WAC 137-32-015 which closely mirror DoC policy. Further CS Scilley failed to provide any substantiated reason beyond his own unmonitored opinion as to why I should remain on Ad Seg, and how he justified recommending an LMU program for a first infraction in which no direct attempts to violate safety and security were documented. CS Scilley even proceeded to tell me that holding political and religious beliefs in Karmic justice against the unjust constitutes a criminal behavior in violation of standing US Supreme Court Opinion on free speech. CS Scilley also indicated that DoC could hold and censor any political idea or religious belief discussed

Ad Seg Appeal - Sep - Oct 6

with family without bounds or limitations. This is inconsistent with DoC policy 450.100, mail for offenders.

CS Scilley continued holding of myself in Ad Seg is not consistent with the recommendations of CS Biviano who conducted the disciplinary hearing. I am presently MI-2, with only the most recent infraction on record. I have no history of institutional violence, I have no history of problems with unit staff beyond petty disagreements we worked out or dropped without incident. I have been making progress with mental health, albeit slow, and I'm waiting for some job opportunity here to pass the time. There is little more I can do to comply with DoC policy, maintain contact with my limited support base, and overcome my own mental health problems. CS Scilley's recommendation and Associate Andrewjeski's affirmation for an XMU program seems excessive, but consistent with the running of Ad Seg beyond policy and protocol.

An appeal to Associate Andrewjeski on CS Scilley's conduct was filed on 3/17/11 and has generated no response.

Thank you for your time,

Matthew Reed 339765

Matthew Reed Unit A B4 CRCC

Ad Seg Appeal-Sup-60F,

John Campbell

Classification Appeals

Department of Corrections

7345 Linderson Way SW

Olympia, WA 98501

March 24, 2011

Re: Classification Recommendation to IMS

Mr Campbell -

I am writing to appeal the recommendation of CS Scilley, Ad Seg hearings officer for CRCC, to demote me to IMS for a program from minimum - camp status. CS Scilley's recommendation is inconsistent with my record, not supported by other staff who have interacted directly with me, and approves of ignoring DOC policy designed to protect inmates and preserve safety and security.

My record shows that I have 67 custody points, that I have been approved for camp, and that I have no infraction history apart from the SOP on which this action is predicated. Even logging 10 points for the current infraction would leave me at 57 points and minimum custody. CS Scilley is attempting to make my private

Classification Appeal page 1 of 4

messages to my wife and mother appear as a grand threat to DoC. There's no corroborating evidence to support this view. Not one person has testified that they have been threatened or intimidated by me. The only evidence are a few emessages containing unpopular opinions and beliefs.

Regarding other staff, CUS Robideau, CC Rickard, CC Perry, CC Stokes, and CC Branson promoted me to MI 2 on 12/13/11. This promotion was done with full knowledge of my mental health status. Mental health specialist Ruge has seen me regularly and noted that I am not an immediate threat to any one, myself included, and that I have been mellowing with time. CC Rickard has been kept aware of my mental state and found no reason to take punitive action. CUS Robideau wrote the 506 infraction, but has made no request to have me removed from the unit, demoted, or otherwise sanctioned. CC Perry and CPM McDonnell using the same information on which CUS Robideau wrote the 506, requested only a demotion to MI 3 as filed on 2/18/11 in a plan change. The plan change has not been finalized by Associate Andrew-jeski. Discipline hearings officer CS Biviano found no reason to sanction me beyond time served in Ad Seg, and even found 27 days excessive. CC Harman seems confused and can offer me no insight into CS Scilley's recommendation. He

Classification Appeal page 2 of 4

would have preferred to take me on pre hearing confinement on 3/11/11 and return me to my unit on 3/16/11 following the disciplinary hearing. No other staff at CRCC seem to believe that a four step demotion and IMU program are appropriate for the security risk, or lack of security risk, that I pose.

CS Scilleg has also disregarded DoC policy 320.200 on Administrative Segregation. I received notice of a hearing on 2/23/10. I have received no other hearing notices, have never met the ad seg classification committee, nor have I been allowed to call any witnesses as required by DOC 320.200 III and WAC 137-30-015. CRCC staff also placed me on immediate Ad Seg status, but failed to document or prove any imminent harm as required by 320.200 I. All accusations are vague and unsubstantiated on record.

The whole of evidence for this SOB infraction revolves around e messaging on the jpay system. This system is governed by DoC 450.100, mail policy for offenders, and has been totally ignored by DoC-CRCC staff. None of my messages have been restricted in accordance with policy. Rather all messages have passed without restriction. There are no allegations that I was importing contraband or creating a risk to institutional safety and security; nor are there any allegations purporting an attempt or conspiracy to cause these events.

I have filed appeals detailing these issues and more

classification Appeal page 30 of 41

with Associate Bailey, Associate Andrewjeski, and Superintendent UHeche as appropriate. These issues have also been raised by myself to CS Scilley, but he plays ahead recommending an IMU program for emails that CS Biviano determined might be threatening if they were delivered to certain people. This includes the fact that the threats alledged are impossible to carry out, the victims inaccessible, the fanciful nature of the threats, no history of harm on my part, and no statement of an explicit desire to carry out the alledged threatening action.

CC Perry's recommendation to hold me at M13 for mental health monitoring until my next review is adequate. I am asking that more reasonable and rational heads prevail and see the excessive nature CS Scilley's IMU recommendation. No staff has been directly threatened, and I pose no risk to safety and security beyond needing a little mental health care. Please send me back to my M13 unit where I can return to drinking coffee, playing games, and reading to pass the time. I have no desire to be transferred or moved units, I would like some stability and consistency.

Sincerely

Matthew Reed

Matthew Reed 339765

Unit A B4 CRCC

LOG I.D. NUMBER

1111631



CONFIDENTIAL

OFFENDER COMPLAINT

CHECK ONE: ☒ Initial Grievance ☐ Emergency Grievance ☐ Appeal to Next Level

RESIDENTIAL FACILITIES: Send all completed copies of this form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible; but include the necessary facts. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact staff to report an emergency situation or to initiate an emergency grievance. Please attempt to resolve all complaints through appropriate staff before initiating a grievance.

NOTE: Complaints must be filed within 20 days of the incident. Appeals must be filed within 5 days of receiving the response. Include log ID # of response being appealed.

Name: Last <i>Reed</i>	First <i>Matthew</i>	Middle	DOC Number <i>339765</i>
Program Assignment	Work Hours	Facility/Office	Unit/Cell <i>N-1333</i>
COMMUNITY SUPERVISION: Send all completed copies of this form directly to: Grievance Program Specialist, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129.			
MAILING ADDRESS: STREET OR P.O. BOX		CITY, ST/E	ZIP CODE
			TELEPHONE NUMBER
I WANT TO GRIEVE: DOC Policy 460.000 and 350.100. Policy fails to provide a time line or guidance for when sanctions must be imposed. This creates an blind environment of apprehension for inmates without imposing adequate requirements on staff.			
SUGGESTED REMEDY: Policy needs to be amended to reflect that sanctions must be imposed within a set time, or DOC forfeits the right to impose sanctions for infractions. All sanctions should begin with 72 hours of the infraction hearing.			
Mandatory		Signature <i>[Signature]</i>	Date <i>5/31/14</i>

GRIEVANCE COORDINATOR'S RESPONSE /our complaint is being returned because: <input checked="" type="checkbox"/> It is not a grievable issue. <input type="checkbox"/> You requested to withdraw the complaint. <input type="checkbox"/> You failed to respond to callout sheet on _____ <input type="checkbox"/> The formal grievance/appeal paperwork is being prepared.	Location Code <i>P01</i>	Date Received <i>6/3/14</i>
	<input type="checkbox"/> The complaint was resolved informally. <input type="checkbox"/> Additional information and/or rewriting is needed. (See below.) Return within five (5) days or by: Due Date: _____ <input type="checkbox"/> No rewrite received. Date: _____	

EXPLANATION: Policy 460.000 is based on WAC 137-28-250#4 and

INITIAL COMPLAINT OBTS. INFORMATION						DATE OF RESPONSE	COORDINATOR'S SIGNATURE
TYPE	CATEGORY	AREA	SPEC	REMEDY	RESOLUTION		
01	02	221	150	08	08	6/10	R. Archer

LOG I.D. NUMBER

111631

STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

OFFENDER COMPLAINT

CHECK ONE: ☐ INITIAL GRIEVANCE ☐ EMERGENCY GRIEVANCE ☒ APPEAL TO NEXT LEVEL

RESIDENTIAL FACILITIES: Send all completed copies of this form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact staff to report an emergency situation or to initiate an emergency grievance. Please attempt to resolve all complaints through appropriate staff before initiating a grievance.

NOTE: Complaints must be filed within 20 days of the incident. Appeals must be filed within 5 days of receiving the response. Include log ID # of response being appealed.

NAME: LAST REED	FIRST Matthew	MIDDLE	DOC NUMBER 339765
PROGRAM ASSIGNMENT	WORK HOURS	FACILITY/OFFICE	UNIT/CELL N 133

COMMUNITY SUPERVISION: Send all completed copies of this form directly to: Grievance Program Specialist, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia, WA 98504-1129.

MAILING ADDRESS: STREET OR P.O. BOX	CITY, STATE	ZIP CODE	TELEPHONE NUMBER
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ATCC for DOC Policy 466.000 + 350.100

I WANT TO GRIEVE:

DOC Policy fails to provide definitions or guidance with regard to interpretation of WAC 137-28-250. It is not possible to comply with DOC policy in a knowledgeable manner. Specifically undefined, is the word "threatening". ATCC refuses to use any established or recognizable definition to this word. This makes it impossible to criticize or converse with another without possibly running afoul of a vague and ambiguous policy.

SUGGESTED REMEDY: DOC must establish a core definition and base line evidence requirements for all major interactions in black and white terms.

MANDATORY

SIGNATURE

DATE

Matthew Reed 6/21/11

GRIEVANCE COORDINATOR'S RESPONSE

Your complaint is being returned because:

- ☒ It is not a grievable issue.
☐ You requested to withdraw the complaint.
☐ You failed to respond to callout sheet on _____.
☐ The formal grievance/appeal paperwork is being prepared.

LOCATION CODE

P61

DATE RECEIVED

6/24/11

- ☐ The complaint was resolved informally.
☐ Additional information and/or rewriting is needed.
 (See below.) Return within five (5) days or by:
 Due Date: _____
☐ No rewrite received. Date: _____

EXPLANATION:

This issue remains not grievable. Do not resubmit.

INITIAL COMPLAINT OBTS INFORMATION						DATE OF RESPONSE	COORDINATOR'S SIGNATURE
TYPE	CATEGORY	AREA	SPEC	REMEDY	RESOLUTION		
				08	08	6-27-11	C.S. [Signature]

LOG I.D. NUMBER

1111482

STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

OFFENDER COMPLAINT

CHECK ONE: ☒ INITIAL GRIEVANCE ☐ EMERGENCY GRIEVANCE ☐ APPEAL TO NEXT LEVEL

RESIDENTIAL FACILITIES: Send all completed copies of this form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact staff to report an emergency situation or to initiate an emergency grievance. Please attempt to resolve all complaints through appropriate staff before initiating a grievance.

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NAME: LAST <u>REED</u>		FIRST <u>Matthew</u>	MIDDLE	DOC NUMBER <u>339765</u>
PROGRAM ASSIGNMENT		WORK HOURS	FACILITY/OFFICE	UNIT/CELL <u>N B33</u>
COMPLAINT SUPERVISION: Send all completed copies of this form directly to: Grievance Program Specialist, Offender Grievance Program, Department of Corrections, P.O. Box 41128, Olympia WA 98504-1128.				
MAILING ADDRESS: STREET OR P.O. BOX		CITY, STATE	ZIP CODE	TELEPHONE NUMBER

I WANT TO GRIEVE:
 ATTC - mailing: Regarding JPay messages.
 Mailing restricted a message sent on 5/10, but failed to provide notice until 5/31 or later. No form OS-525 was provided as required per policy 450.100.VII.A. Further, notice did not include to guaranteed right and notice for appeal. In fact all of 450.100.VII.A. 2-3 was violated. JPay policy also addresses messages should be sent out in 48-72 hours. This was clearly not done, nor notices and mandated appeals processed as required when my first notice takes over 20 days. No reason provided meets 450.100.VII.B's requirements for restriction and is causing censorship of political and religious beliefs. Both policy and the established suggested remedy: WDC are being violated.
 DOC needs to follow policy and treat e-messages like USPS mail for content purposes. Mail must be established as a clear and unique line that is "outside" the facility. Restriction for "penological" purposes is ambiguous at most and with explicit directives. Censorship based on offensive views cannot be permitted.
 MANDATORY Matthew Reed 6/3/11
 SIGNATURE DATE

GRIEVANCE COORDINATOR'S RESPONSE Your complaint is being returned because: <input type="checkbox"/> It is not a grievable issue. <input type="checkbox"/> You requested to withdraw the complaint. <input type="checkbox"/> You failed to respond to callout sheet on _____ <input type="checkbox"/> The formal grievance/appeal paperwork is being prepared.						LOCATION CODE <u>P01</u>	DATE RECEIVED <u>6/8/11</u>
						<input type="checkbox"/> The complaint was resolved informally. <input checked="" type="checkbox"/> Additional information and/or rewriting is needed. (See below.) Return within five (5) days or by: Due Date: _____ <input type="checkbox"/> No rewrite received. Date: _____	
EXPLANATION:							
INITIAL COMPLAINT QRTS INFORMATION						DATE OF RESPONSE	COORDINATOR'S SIGNATURE
TYPE	CATEGORY	AREA	SPEC	REMEDY	RESOLUTION		
01	50	587	391	08	05	6-15-11	C. [Signature]

LOG I.D. NUMBER

1111482

STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

CONFIDENTIAL

OFFENDER COMPLAINT

CHECK ONE: ☒ INITIAL GRIEVANCE ☐ EMERGENCY GRIEVANCE ☐ APPEAL TO NEXT LEVEL

RESIDENTIAL FACILITIES: Send all completed copies of this form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact staff to report an emergency situation or to initiate an emergency grievance. Please attempt to resolve all complaints through appropriate staff before initiating a grievance.

NOTE: Complaints must be filed within 20 days of the incident. Appeals must be filed within 5 days of receiving the response. Include log ID # of response being appealed.

NAME: LAST REED	FIRST Matthew	MIDDLE	DOC NUMBER 339265
PROGRAM ASSIGNMENT	WORK HOURS	FACILITY/OFFICE	UNIT/CELL N B33
COMMUNITY SUPERVISION: Send all completed copies of this form to the Grievance Program Specialist, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129.			
MAILING ADDRESS: STREET OR P.O. BOX	CITY STATE	ZIP CODE	TELEPHONE NUMBER

AHC - mailing: Regarding ~~an~~ JPay messages.

I WANT TO GRIEVE:

Mailing restricted a message sent on 5/10, but failed to provide notice until 5/31 or later. No form OS-525 was provided as required per policy 450.100.VII.A. Further, notice did not include to guaranteed right and notice for appeal. In fact all of 450.100.VII.A. 2-3 was violated. Jpay policy also addresses messages should be sent out in 48-72 hours. This was clearly not done, nor notices and mandated appeals processed as required when my first notice takes over 20 days. No reason provided meets 450.100.VII.B's requirements for restriction, and is causing censorship of political and religious beliefs. Both policy and the established SUGGESTED REMEDY: WDC are being violated.

DOC needs to follow policy and treat e-messages like USPS mail for contact purposes. Mail must be established as a clear and unique line that is "outside" the facility. Restriction for "penological" purposes is ambiguous at must comply with explicit directives. Censorship based on offensive ideas cannot be permitted.

SIGNATURE

DATE

GRIEVANCE COORDINATOR'S RESPONSE

LOCATION CODE

P01

DATE RECEIVED

6/8/11

Your complaint is being returned because:

- ☐ It is not a grievable issue.
☐ You requested to withdraw the complaint.
☐ You failed to respond to callout sheet on _____.
☐ The formal grievance/appeal paperwork is being prepared.

- ☐ The complaint was resolved informally.
☒ Additional information and/or rewriting is needed.
 (See below.) Return within five (5) days or by:
 Due Date: _____
☐ No rewrite received. Date: _____

EXPLANATION:

INITIAL COMPLAINT OBTS INFORMATION						DATE OF RESPONSE	COORDINATOR'S SIGNATURE
TYPE	CATEGORY	AREA	SPEC	REMEDY	RESOLUTION		
A1	EN	SR7	291	AX	AS	6-15-11	C. [Signature]



CONFIDENTIAL

LOG I.D. NUMBER

1111482

Re-write
OFFENDER COMPLAINTCHECK ONE: ☒ Initial Grievance ☐ Emergency Grievance ☐ Appeal to Next Level

RESIDENTIAL FACILITIES: Send all completed copies of this form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact staff to report an emergency situation or to initiate an emergency grievance. Please attempt to resolve all complaints through appropriate staff before initiating a grievance.

NOTE: Complaints must be filed within 20 days of the incident. Appeals must be filed within 5 days of receiving the response. Include log ID # of response being appealed.

Name: Last REED	First Matthew	Middle	DOC Number 339765
Program Assignment	Work Hours	Facility/Office	Unit/Cell N 1333
COMMUNITY SUPERVISION: Send all completed copies of this form directly to: Grievance Program Specialist, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129.			
MAILING ADDRESS: STREET OR P.O. BOX	CITY, STATE	ZIP CODE	TELEPHONE NUMBER

I WANT TO GRIEVE: AHCC-Mailing with regard to JPay message monitoring. On 5/10 Mailing restricted an outbound JPay message with out notice and proceeded to implement the infraction process. The process followed by mailing failed to follow all requirements of DOC 450.100 regarding notification and appeals of restricted mail, and JPay mail. Further no part of mailing policy allows for the immediate use of the infraction process to censor mail of racial, political, ethnic, or other protected speech items.

on 5/31 or 6/1, mailing provided notice of the restriction (20+ days late) in violation of policy, in JPay user's arrest, and what appears to be retaliatory or political cover up from the originating violations by AHCC staff.

SUGGESTED REMEDY: Mailing must establish protocols for restriction of JPay messages that are consistent with USPS mail protocols. This will facilitate minimal out bound searches and provide maximum protection to speech inbound and out bound. Ugly, hateful, hurtful, or generally offensive content is not grounds for restriction by policy.

GRIEVANCE COORDINATOR'S RESPONSE our complaint is being returned because: <input checked="" type="checkbox"/> It is not a grievable issue. <input type="checkbox"/> You requested to withdraw the complaint. <input type="checkbox"/> You failed to respond to callout sheet on _____ <input type="checkbox"/> The formal grievance/appeal paperwork is being prepared.	Location Code P01	Date Received 6/17/11
	<input type="checkbox"/> The complaint was resolved informally. <input type="checkbox"/> Additional information and/or rewriting is needed. (See below.) Return within five (5) days or by: Due Date: _____ <input type="checkbox"/> No rewrite received. Date: _____	

EXPLANATION: Because you were infraacted, you must use that appeal process.

INITIAL COMPLAINT OBTS INFORMATION						DATE OF RESPONSE	COORDINATOR'S SIGNATURE
TYPE	CATEGORY	AREA	SPEC	REMEDY	RESOLUTION		

LOG I.D. NUMBER

1114P2

STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

CONFIDENTIAL

OFFENDER COMPLAINT

CHECK ONE: ☐ INITIAL GRIEVANCE ☐ EMERGENCY GRIEVANCE ☒ APPEAL TO NEXT LEVEL

RESIDENTIAL FACILITIES: Send all completed copies of this form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact staff to report an emergency situation or to initiate an emergency grievance. Please attempt to resolve all complaints through appropriate staff before initiating a grievance.

NOTE: Complaints must be filed within 20 days of the incident. Appeals must be filed within 5 days of receiving the response. Include log ID # of response being appealed.

NAME: LAST REED	FIRST Matthew	MIDDLE	DOC NUMBER 339765
PROGRAM ASSIGNMENT	WORK HOUR	FACILITY/OFFICE	UNIT/CELL N 1333
COMMUNITY SUPERVISION: Send all completed copies of this form directly to: Grievance Program Specialist, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129.			
MAILING ADDRESS	STREET OR P.O. BOX	CITY, STATE	ZIP CODE
			TELEPHONE NUMBER

ATTC on appeal of 1114P2 - Denial of the appeal due to the infraction, I WANT TO GRIEVE: improper. By denying the grievance of staff misconduct on the initial mailing issue, the grievance department is greenlighting total ignorance of full policies if an infraction is created. This essentially renders all policies meaningless and absolves staff of being required to follow policy designed to facilitate inmate rights. The creation of an infraction shall not excuse or allow for the mandated following of policy. Regardless of the infraction, ATTC mailing ignored the entire appeal and restriction process defined in Policy 450.100 and backed by a WAC. SUGGESTED REMEDY: Nothing, even infractions, all this policy to be disregarded and ignored. ATTC mailing needs to be forced to comply with policy and have all proceedings followed. Mailing must make its case under mail policy. If failed, MANDATORY **Matthew Reed** 6/23/11

GRIEVANCE COORDINATOR'S RESPONSE Your complaint is being returned because: <input checked="" type="checkbox"/> It is not a grievable issue. <input type="checkbox"/> You requested to withdraw the complaint. <input type="checkbox"/> You failed to respond to callout sheet on _____ <input type="checkbox"/> The formal grievance/appeal paperwork is being prepared.	LOCATION CODE P01	DATE RECEIVED 6/24/11
	<input type="checkbox"/> The complaint was resolved informally. <input type="checkbox"/> Additional information and/or rewriting is needed. (See below.) Return within five (5) days or by: Due Date: _____ <input type="checkbox"/> No rewrite received. Date: _____	

EXPLANATION: **This is to be appealed through the infraction appeal process.**

INITIAL COMPLAINT OBTS INFORMATION						DATE OF RESPONSE	COORDINATOR'S SIGNATURE
TYPE	CATEGORY	AREA	SPEC	REMEDY	RESOLUTION		
				08	08	6-27-11	C.S. [Signature]

LOG I.D. NUMBER

1111627



OFFENDER COMPLAINT

CHECK ONE: ☒ Initial Grievance ☐ Emergency Grievance ☐ Appeal to Next Level

RESIDENTIAL FACILITIES: Send all completed copies of this form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact staff to report an emergency situation or to initiate an emergency grievance. Please attempt to resolve all complaints through appropriate staff before initiating a grievance.

NOTE: Complaints must be filed within 20 days of the incident. Appeals must be filed within 5 days of receiving the response. Include log ID # of response being appealed.

Name: Last REED	First Matthew	Middle	DOC Number 339765
Program Assignment	Work Hours	Facility/Office	Unit/Cell N 1333
COMMUNITY SUPERVISION: Send all completed copies of this form directly to: Grievance Program Specialist, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129.			
MAILING ADDRESS: STREET OR P.O. BOX		CITY, STATE	ZIP CODE
			TELEPHONE NUMBER
<p>I WANT TO GRIEVE: <i>ATCC - Infraction Hearings and Appeals, including the superintendents office.</i></p> <p><i>On 5/30/11 I submitted a major infraction appeal to Sgt Grimes. This appeal was logged and a receipt given. Per policy 460.000, appeals must be answered within 10 days. As of 6/16/11 no response has been received. This exceeds both 10 calendar and 10 working days. Policy regrettably fails to define defaults for ATCC deficiencies of missed dead lines as it does for inmates failures. Nor does it provide a 2nd tier appeal process. No further infraction appeal is established.</i></p> <p>SUGGESTED REMEDY:</p> <p><i>Modify policy to require that failure to respond to infraction appeals results in the automatic granting of the appeal (ATCC forfeits the right to enforce infractions). This should result in multiple infraction dismissals.</i></p> <p>Mandatory Signature <i>Matthew Reed</i> Date <i>6/16/11</i></p>			

GRIEVANCE COORDINATOR'S RESPONSE Your complaint is being returned because: <input checked="" type="checkbox"/> It is not a grievable issue. <input type="checkbox"/> You requested to withdraw the complaint. <input type="checkbox"/> You failed to respond to callout sheet on _____ <input type="checkbox"/> The formal grievance/appeal paperwork is being prepared.		Location Code pol Date Received 6/17/11 <input type="checkbox"/> The complaint was resolved informally. <input type="checkbox"/> Additional information and/or rewriting is needed. (See below.) Return within five (5) days or by: Due Date: _____ <input type="checkbox"/> No rewrite received. Date: _____
EXPLANATION: <i>Your appeal was answered on 6/21/11. If you would like another copy of this appeal response, you must go through public disclosure.</i>		
INITIAL COMPLAINT OBTS INFORMATION		DATE OF RESPONSE
TYPE	CATEGORY	COORDINATOR'S SIGNATURE

LOG I.D. NUMBER

1111627

STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

OFFENDER COMPLAINT

CHECK ONE: ☐ INITIAL GRIEVANCE☐ EMERGENCY GRIEVANCE☒ APPEAL TO NEXT LEVEL

Initial response received 7/8/11

RESIDENTIAL FACILITIES: Send all completed copies of this form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact staff to report an emergency situation or to initiate an emergency grievance. Please attempt to resolve all complaints through appropriate staff before initiating a grievance.

NOTE: Complaints must be filed within 20 days of the incident. Appeals must be filed within 5 days of receiving the response. Include log ID # of response being appealed.

NAME: LAST REED	FIRST Matthew	MIDDLE	DOC NUMBER 339765
PROGRAM ASSIGNMENT	WORK HOURS	FACILITY/OFFICE	UNIT/CELL 1V 1333

COMMUNITY SUPERVISION: Send all completed copies of this form directly to: Grievance Program Specialist, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129.

MAILING ADDRESS: STREET OR P.O. BOX	CITY, STATE	ZIP CODE	TELEPHONE NUMBER
-------------------------------------	-------------	----------	------------------

ATCC - Infraction Hearings, Appeals, Superintendent Miller Street and the Grievance Coordinator. I WANT TO GRIEVE:

Per policy, infraction appeals must be answered in 10 days. This policy was specifically violated by ATCC personnel and appears to be covered up in a far reaching conspiracy of staff. Failure to conform to policy was confirmed by ATCC grievance staff. The appeal was duly filed on 5/30/11 and not answered till 6/21/11. This is a black and white violation of DOC policy by ATCC staff. This is a grievable issue on policy grounds (turn this sheet over for confirmation).

SUGGESTED REMEDY:
Policy must apply equally to inmates and staff. Double standards render all policy meaningless. ATCC must lose its right to enforce infractions when policy is violated as was done here.

MANDATORY

SIGNATURE

DATE

GRIEVANCE COORDINATOR'S RESPONSE Your complaint is being returned because: <input type="checkbox"/> It is not a grievable issue. <input type="checkbox"/> You requested to withdraw the complaint. <input type="checkbox"/> You failed to respond to callout sheet on _____ <input type="checkbox"/> The formal grievance/appeal paperwork is being prepared.	LOCATION CODE P01	DATE RECEIVED 7-12-2011
	<input type="checkbox"/> The complaint was resolved informally. <input type="checkbox"/> Additional information and/or rewriting is needed. (See below.) Return within five (5) days or by: Due Date: _____ <input type="checkbox"/> No rewrite received. Date: _____	

EXPLANATION:

INITIAL COMPLAINT OBTS INFORMATION						DATE OF RESPONSE	COORDINATOR'S SIGNATURE
TYPE	CATEGORY	AREA	SPEC	REMEDY	RESOLUTION		
				08	09	7-13-2011	CS <i>[Signature]</i>

LOG ID. NUMBER

1111627



CONFIDENTIAL

LEVEL 1-INITIAL GRIEVANCE
NIVEL 1-QUEJA INICIAL

Name: NOMBRE:	Last APELLIDO	First PRIMERO NOMBRE	Middle 2DO NOMBRE	DOC Number NUMERO DOC	Facility/FACILIDAD	Unit/Cell UNIDAD/CELDA
	REED	MATTHEW		339765	AHCC	NB33
Community Corrections Office OFICINA DE CORRECCIONES EN LA COMUNIDAD			Date Typed FECHA ESCRITA	PART B - OBTS INFORMATION / INFORMACION DE OBTS		
			7/14/11	Remedy/REMEDIIO 08	Resolution/RESOLUCION 04	Pending/PENDIENTE

PART A - INITIAL GRIEVANCE/PARTE A - QUEJA INICIAL

Response due/Respuesta-requerida en 7/29/11

I WANT TO GRIEVE: AHCC infraction hearings appeals, Superintendent Miller-Stout, and the Grievance Coordinator. Per policy infraction appeals must be answered in 10 days. This policy was specifically violated by AHCC personnel and appears to be covered up in a far reaching conspiracy and staff. The appeal was duly filed on 5/30/11 and not answered until 6/21/11. This is a black and white violation of DOC policy by AHCC staff. This is a grievable issue on policy grounds turn this sheet over for confirmation).

SUGGESTED REMEDY: Policy must apply equally to inmates and staff. Double standards render all policy meaningless. AHCC must lose its right to enforce infractions when policy is violated as was done here.

/s/ C. Fitzpatrick	7/15/11	/s/ Reed, Matthew	7/15/11
Grievance Coordinator Signature	Date	Grievant Signature	Date
FIRMA DE COORDINADOR DE QUEJAS	FECHA	FIRMA DE QUEJANTE	FECHA

PART B - LEVEL I RESPONSE/PARTE B RESPUESTA PRIMER NIVEL

Your appeal was logged out of the unit on 5/30/11. The Hearings Department sent out for appeal on 6/10/11. They received the appeal back on 6/21/11. You have received your appeal. This delay of one day is not unreasonable.

C. Fitzpatrick *CF*
 Grievance Coordinator Signature
 COORDINADOR DE QUEJAS

7/26/11
 Date
 FECHA

You may appeal this response by submitting a written appeal to the coordinator within five (5) working days from date this response was received. Ud. puede apelar esta respuesta al someter una apelación por escrito al coordinador dentro de cinco (5) días de trabajo de la fecha en que esta respuesta fue recibida.



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

GRIEVANCE COORDINATOR
CONFIDENTIAL

LOG I.D. NUMBER

1111627

APPEAL TO LEVEL II
APELACIÓN AL 2DO NIVEL

Name: NOMBRE:	Last APELLIDO	First PRIMERO NOMBRE	Middle 2DO NOMBRE	DOC Number NUMERO DOC	Facility/ FACILIDAD	Unit/Cell UNIDAD/CELDA
	REED	MATTHEW		339765	AHCC	NB33
Community Corrections Office OFICINA DE CORRECCIONES EN LA COMUNIDAD		Date Typed FECHA ESCRITA		PART B - OBTS INFORMATION INFORMACION DE OBTS		
		8/8/11		Remedy/REMEDIIO 08	Resolution/RESOLUCION 04	Pending/PENDIENTE
PART A - APPEAL TO LEVEL II/PARTE A-APELACIÓN AL 2DO NIVEL				Response due/Respuesta-requerida en 9/6/11		

I WANT TO APPEAL: AHCC continues to deny responsibility to comply with DOC policy regarding infraction appeals. Per policy, a response must be returned in 10 days. Time begins at the time and date of logging, not on a delayed schedule of collection. Policy is clear that responses are 10 days, not 10 days plus one, not 10 days from when its requested from the Unit. Attempts to mitigate failure to comply show intent to disregard policy, intent to subvert inmate rights, and an absolute willful disregard of standards and practices. Appeal was submitted on 5/30/11 and not responded to until 6/21/11, this is blatant disregard of applicable policy.

SUGGESTED REMEDY: AHCC loses the right to enforce infractions and appeal is granted by default.

/s/ C. Fitzpatrick	8/8/11	/s/ Matthew Reed	8/8/11
Grievance Coordinator Signature	Date	Grievant Signature	Date
FIRMA DE COORDINADOR DE QUEJAS	FECHA	FIRMA DE QUEJANTE	FECHA

PART B -LEVEL II RESPONSE/PARTE B RESPUESTA 2DO NIVEL

Your level II grievance was investigated by D. Byrnes. You were interviewed on 08/23/11 pertaining to your concerns regarding the timeframes of your appeal response. Your appeal pertaining to the sanctions you received on your 506 and 663 infractions was received by the Hearings Department at AHCC on 06/10/2011. The appeal was conducted, affirmed and an appeal response was completed with a copy sent to you on 06/21/2011. Subsequently, I do not find that these timeframes are unreasonable and fall within the WAC 137-28-400 guidelines which states, "The time limitations expressed in these regulations are not jurisdictional and failure to adhere to any particular time limit shall not be grounds for reversal or dismissal of a disciplinary proceeding."

Maggie White
Superintendent, Work Release Supervisor, Field Administration Signature
SUPERINTENDENTE

8/29/11
Date
FECHA

You may appeal this response by submitting a written appeal to the coordinator within cinco (5) working days from date this response was received. Ud. puede apelar esta respuesta al someter una apelación por escrito al coordinador dentro de cinco (5) días de trabajo de la fecha en que esta respuesta fue recibida.



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

LOG LD. NUMBER

1111627

APPEAL TO LEVEL III
APELACIÓN AL 3ER NIVEL

Name: NOMBRE:	Last APELLIDO	First PRIMERO NOMBRE	Middle 2DO NOMBRE	DOC Number NUMERO DOC	Facility/ FACILIDAD	Unit/Cell UNIDAD/CELDA
	REED	MATTHEW		339765	AHCC	NB33
Community Corrections Office OFICINA DE CORRECCIONES EN LA COMUNIDAD			Date Typed FECHA ESCRITA	PART B - OBTS INFORMATION INFORMACION DE OBTS		
			9/9/11	Remedy/REMEDIIO	Resolution/RESOLUCION	Pending/PENDIENTE

PART A - APPEAL TO LEVEL III/PARTE A - APPELCIÓN AL 3ER NIVEL Response due/Respuesta-requerida en

I WANT TO APPEAL: AHCC - Disciplinary Personnel and Administrative Staff for the on-going issues of complaint 1111627. AHCC has admitted they violated DOC Policy on my infraction appeal, but refuses to correct the errors and attempts to justify actions contrary to policy. Policy is clear on timelines. There is no excuse for missing deadlines. Waiver in the guise of "not unreasonable" renders the policy and protections meaningless. Policy must be applied to staff and inmates alike if it is to hold any form of credence. When policy states 10 days for appeals, it means 10 days, not 22 days. Further, reviewer D. Byrnes participated in the original infraction, violated time lines, then affirmed continued violation of policy mandated time lines on this grievance. At a minimum D. Byrnes has a conflict of interest in participating in this procedure. DOC chose a policy more strict than the WAC to govern their conduct; they should be bound by it.

SUGGESTED REMEDY: Dismissal of the infraction for prejudicial conduct, compensatory and punitive damages.

/s/ C. Fitzpatrick	9/12/11	/s/ Matthew Reed	9/12/11
Grievance Coordinator Signature	Date	Grievant Signature	Date
FIRMA DE COORDINADOR DE QUEJAS	FECHA	FIRMA DE QUEJANTE	FECHA

PART B - LEVEL III RESPONSE/PARTE B RESPUESTA 3ER NIVEL

OCO Deputy Secretary/Designee
SUBSECRETARIO DE LA OCO/DESIGNADO

Date
FECHA

reply received 2/1/13, however, as due on 9/6/11 - a federal holiday.

LOG I.D. NUMBER

1111627



GRIEVANCE COORDINATOR
CONFIDENTIAL

Level III
OFFENDER COMPLAINT

CHECK ONE: ☐ Initial Grievance ☐ Emergency Grievance ☒ Appeal to Next Level

RESIDENTIAL FACILITIES: Send all completed copies of this form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact staff to report an emergency situation or to initiate an emergency grievance. Please attempt to resolve all complaints through appropriate staff before initiating a grievance.

NOTE: Complaints must be filed within 20 days of the incident. Appeals must be filed within 5 days of receiving the response. Include log ID # of response being appealed.

Name: Last Reed	First Matthew	Middle	DOC Number 339765
Program Assignment Ed M-F 12:45-3:45	Work Hours	Facility/Office	Unit/Cell W/B33!
COMMUNITY SUPERVISION: Send all completed copies of this form directly to: Grievance Program Specialist, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129.			
MAILING ADDRESS: STREET OR P.O. BOX		CITY, STATE	ZIP CODE
			TELEPHONE NUMBER

I WANT TO GRIEVE: ATCL - Disciplinary personnel and administrative staff for the on going issues of Complaint 111627. ATCL has admitted they violated DOC Policy on my infraction appeal, but refuses to correct the errors and attempts to justify actions contrary to policy. Policy is clear on timelines, there is no excuse for missing deadlines. Waiver under the guise of "not unreasonable" renders the policy and protections meaningless. Policy must be applied to staff and inmates alike if it is to hold any form of credence. When policy states 10 days for appeals, it means 10 days, not 22 days. Farther reviewer D. Byrnes participated in the original infraction, violated

SUGGESTED REMEDY: time lines they affirmed continued violation of policy mandated time lines on this grievance. At a minimum D. Byrnes has a conflict of interest participating in this procedure. DOC chose a policy more strict than the WAC to govern their conduct, they should be bound by it.
remedy: Dismissal of the infraction for Mandatory Matthew Reed 8-31-11
Prejudicial conduct, compensatory and punitive damages
Signature Date

GRIEVANCE COORDINATOR'S RESPONSE Your complaint is being returned because: <input type="checkbox"/> It is not a grievable issue. <input type="checkbox"/> You requested to withdraw the complaint. <input type="checkbox"/> You failed to respond to callout sheet on _____ <input type="checkbox"/> The formal grievance/appeal paperwork is being prepared.	Location Code PO1	Date Received 9/2/11
	<input type="checkbox"/> The complaint was resolved informally. <input type="checkbox"/> Additional information and/or rewriting is needed. (See below.) Return within five (5) days or by: Due Date: _____ <input type="checkbox"/> No rewrite received. Date: _____	

EXPLANATION: This has been administratively withdrawn. This grievance was accepted in error and should have been deemed "non grievable" due to it pertaining to a W.A.C.

INITIAL COMPLAINT OBJTS. INFORMATION						DATE OF RESPONSE	COORDINATOR'S SIGNATURE
TYPE	CATEGORY	AREA	SPEC	REMEDY	RESOLUTION		


 GRIEVANCE COORDINATOR
 CONFIDENTIAL

 LOG I.D. NUMBER
 1208903

OFFENDER COMPLAINT

 CHECK ONE: ☒ Initial Grievance ☐ Emergency Grievance ☐ Appeal to Next Level

RESIDENTIAL FACILITIES: Send all completed copies of this form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact staff to report an emergency situation or to initiate an emergency grievance. Please attempt to resolve all complaints through appropriate staff before initiating a grievance.

NOTE: Complaints must be filed within 20 days of the incident. Appeals must be filed within 5 days of receiving the response. Include log ID # of response being appealed.

Name: Last Reed	First Matthew	Middle	DOC Number 339785
Program Assignment	Work Hours	Facility/Office	Unit/Cell NB33

COMMUNITY SUPERVISION: Send all completed copies of this form directly to: Grievance Program Specialist, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129.

MAILING ADDRESS: STREET OR P.O. BOX CITY, STATE ZIP CODE TELEPHONE NUMBER

I WANT TO GRIEVE: **AtCC- CC3 McDonald At-Unit**

CC3 McDonald was appointed as a Staff Advisor under WAC 137-20 and DOC Policy 460.000. McDonald failed to have any knowledge of the instruction to which he was advising, failed to have copies of any incident report on which to advise, failed to answer any questions except to defer to an attorney. He further condoned CUS Stockwell's ban on allowing legal copies for and against actions of staff at this facility in violation of W.S.C §19A.03 and the affiliated case law. McDonald acted not as an advisor, but as a prosecutor for the hearings board. He showed no degree of impartiality or clue as to the procedure.

Remotion of McDonald to CC2, full investigation for all cases he has been a staff advisor, retraining in Policy and procedure for being an advisor. Full dismissal of the infraction for due process violations and failure to comply with policy.

Mandatory

Signature

Date

GRIEVANCE COORDINATOR'S RESPONSE

Your complaint is being returned because:

- ☒ It is not a grievable issue.
☐ You requested to withdraw the complaint.
☐ You failed to respond to callout sheet on _____
☐ The formal grievance/appeal paperwork is being prepared.

Location Code

P01

Date Received

4/23/12

- ☐ The complaint was resolved informally.
☐ Additional information and/or rewriting is needed.
 (See below.) Return within five (5) days or by:
 Due Date: _____
☐ No rewrite received. Date: _____

EXPLANATION:

You can address your infraction issues in your appeal.

INITIAL COMPLAINT OBTS INFORMATION						DATE OF RESPONSE	COORDINATOR'S SIGNATURE
TYPE	CATEGORY	AREA	SPEC	REMEDY	RESOLUTION		
						4-23-12	CS <i>[Signature]</i>

LOG ID NUMBER

1204320

STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

OFFENDER COMPLAINT

CHECK ONE: ☐ INITIAL GRIEVANCE, ☐ EMERGENCY GRIEVANCE, ☒ APPEAL TO NEXT LEVEL

RESIDENTIAL FACILITIES: Send all completed copies of this form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact staff to report an emergency situation or to initiate an emergency grievance. Please attempt to resolve all complaints through appropriate staff before initiating a grievance.

NOTE: Complaints must be filed within 20 days of the incident. Appeals must be filed within 2 days of receiving the response. Include log ID # of response being appealed.

NAME: LAST <i>Reed</i>	FIRST <i>Matthew</i>	MIDDLE	DOC NUMBER <i>339765</i>
PROGRAM ASSIGNMENT	WORK HOURS	FACILITY/OFFICE	UNIT/CELL <i>V/B 33</i>

COMMUNITY SUPERVISION: Send all completed copies of this form directly to: Grievance Program Specialist, Offender Grievance Program, Department of Corrections, P.O. Box 44129, Olympia WA 98504-1129

MAILING ADDRESS: STREET OR P.O. BOX	CITY, STATE	ZIP CODE	TELEPHONE NUMBER
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I WANT TO GRIEVE: *AHCC - Staff for the professional misconduct of CS3 Donna Byrnes. As originally noted CS Byrnes conduct a disciplinary hearing in an unprofessional manner. Such was the unprofessionalism that CS Byrnes violated DOC 460.000, WAC 137-28-290, WAC 137-28-300. Infraction and appeal issues aside CS Byrnes is obligated to follow policy and the governing law. By violating these standards CS Byrnes commits staff misconduct and professional misconduct under the RCWs. By denying this as a grievable issue, and misconduct is grievable per this form, AHCC grievance staff are granting other personnel carte blanche to violate any and all rules so long as they can conduct some infraction inquiry. SUGGESTED REMEDY: and thus prohibits due process.*

Policy must be established to govern the conduct of hearings officers and ensure inmate rights. Further CS Byrnes should be terminated for cause with a full audit of all infractions retroactive one year by an independent third party. I'm requesting a protective order applying to all AHCC and DOC staff.

GRIEVANCE COORDINATOR'S RESPONSE	LOCATION CODE <i>P01</i>	DATE RECEIVED <i>3/2/12</i>
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Your complaint is being returned because:

- ☒ It is not a grievable issue.
☐ You requested to withdraw the complaint.
☐ You failed to respond to callout sheet on _____
☐ The formal grievance/appeal paperwork is being prepared.

- ☐ The complaint was resolved informally.
☐ Additional information and/or rewriting is needed.
 (See below.) Return within five (5) days or by:
 Due Date: _____
☐ No rewrite received. Date: _____

EXPLANATION: *Remains non grievable.**Sent to HQ for Review on 3/5/12*

INITIAL COMPLAINT ORBS INFORMATION						DATE OF RESPONSE	COORDINATOR'S SIGNATURE
TYPE	CATEGORY	AREA	SPEC	REMEDY	RESOLUTION		
						<i>3-5-12</i>	<i>CS [Signature]</i>

LOG I.D. NUMBER

1204320

GRIEVANCE COORDINATOR
CONFIDENTIAL

OFFENDER COMPLAINT

CHECK ONE: ☒ Initial Grievance ☐ Emergency Grievance ☐ Appeal to Next Level

RESIDENTIAL FACILITIES: Send all completed copies of this form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact staff to report an emergency situation or to initiate an emergency grievance. Please attempt to resolve all complaints through appropriate staff before initiating a grievance.

NOTE: Complaints must be filed within 20 days of the incident. Appeals must be filed within 5 days of receiving the response. Include log ID # of response being appealed.

Name: Last <i>Reed</i>	First <i>Matthew</i>	Middle	DOC Number <i>339765</i>
Program Assignment	Work Hours	Facility/Office	Unit/Cell <i>NB33</i>
COMMUNITY SUPERVISION: Send all completed copies of this form directly to: Grievance Program Specialist, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129.			
MAILING ADDRESS: STREET OR P.O. BOX		CITY, STATE	ZIP CODE
			TELEPHONE NUMBER
<p>I WANT TO GRIEVE: <i>ATCC 56A5 - CS3 Donna Byrnes - On 2/22/12 CS Byrnes was to conduct a hearing. As part of the hearing I inquired as to the Due Process proceedings regarding the infraction. Ms. Byrnes refused to hear the questions, refused to provide answers to the specific question, but continued to ask if I had questions. Ultimately she excused me without a statement or any resolution for asking about the process guaranteed under DOC Policy 460.000. This effectively denied me due process to the infraction system, including making a statement on my behalf and amounts to seizure of the process in violation of the WAC.</i></p> <p>SUGGESTED REMEDY: <i>Any finding except full dismissal on the infraction must be dismissed as a violation of process and staff misconduct. Full review of CS Byrnes for abuse of position and investigation for professional misconduct. Policy must be addressed to solve procedural issues on infractions.</i></p> <p>Mandatory <i>Matthew Reed</i> <i>2/22/12</i> Signature Date</p>			

GRIEVANCE COORDINATOR'S RESPONSE Your complaint is being returned because: <input checked="" type="checkbox"/> It is not a grievable issue. <input type="checkbox"/> You requested to withdraw the complaint. <input type="checkbox"/> You failed to respond to callout sheet on _____. <input type="checkbox"/> The formal grievance/appeal paperwork is being prepared.	Location Code <i>PO1</i>	Date Received <i>2/22/12</i>
	<input type="checkbox"/> The complaint was resolved informally. <input type="checkbox"/> Additional information and/or rewriting is needed. (See below.) Return within five (5) days or by: Due Date: _____ <input type="checkbox"/> No rewrite received. Date: _____	

EXPLANATION: *Non grievable. You can address your infraction issues in your appeal.*

INITIAL COMPLAINT OBTS INFORMATION						DATE OF RESPONSE	COORDINATOR'S SIGNATURE
TYPE	CATEGORY	AREA	SPEC	REMEDY	RESOLUTION		
						<i>2-24-12</i>	<i>CS [Signature]</i>

OFFICIAL MISCONDUCT COMPLAINT

TO: Office of the Secretary
Washington State DOC
P.O. Box 41100
Olympia, Washington 98504

FROM: Matthew Reed 1339765
Name DOC#

Pursuant To: RCW 72.01.060, "The secretary shall investigate all complaints made against the chief executive officer, of any institution and also any complaint against any other officer or employee."

Pursuant To: RCW 9A.80.010, "Official Misconduct; (1) A public servant is guilty of Official Misconduct if, with intent to obtain a benefit, or to deprive another person of a lawful right or privilege: (a) He intentionally commits an unauthorized act under color of law; or (b) He intentionally refrains from performing a duty imposed upon him by law. (2) Official Misconduct is a gross misdemeanor."

COMPLAINT DETAILS

Name of officer(s) or employee(s) being reported:

CS3 - Donna Byrnes - Airway Heights Correctional Center

Date of incident leading to this complaint: Feb 22, 2012

Facility location where incident occurred: Airway Heights Correction Center

Facts involved in the complaint (and witnesses): (attach additional page if necessary)

CO Rassier - AHCC

Disciplinary Hearing Audio Recording

See Attached.

I, Matthew Reed, am over the age of majority and am also a U.S. citizen competent to testify and herein attest under penalty of perjury that all statements contained herein is the absolute truth.

Dated this 22 day of February, 2012.

Matthew Reed
Complainant's Signature

On Feb 22, 2012 CS Donna Byrnes conducted a disciplinary hearing. However, WAC 137-20-290 was violated at numerous times before hand. Specifically prepared was DOC form 17-069 which did not comport with DOC policy 460.000, and is required under 137-20-290 (2)(f). Also violated is section (6) requiring a hearing within seven (7) working days. The alleged infraction occurred on 1/24/12, well outside the allowed range.

Near the inception of the hearing CS Byrnes inquired as to questions regarding the process. At this time I brought out the deficiency of the filing and the document preparation. CS Byrnes became agitated, irate, and proceeded into a tirade of unprofessionalism about how she would be the one investigating the Charge and conducting the hearing. Per WAC 137-20-300 (3) I am allowed to refute and rebut the documentation against me. Part of that rebuttal is inherently the process by which it is prepared and the steps taken to bring about the hearing. The content and accuracy when matched to the infraction codes is another part of the rebuttal. CS Byrnes, in irritation and vindictive action excused me from the hearing for raising issues of due process and procedure.

Per WAC 137-20-300(2) I shall be at all stages of the hearing. By excusing me, any conduct of the hearing in my absence is a violation of the WAC rules and DOC policy 460.000. More so I am

entitled due process for all allegations brought against me under the Fourteenth Amendment of the United States Constitution, the Washington State constitution, and the general principal that state employees cannot make up or fabricate charges and prosecute them internally or externally. These are basic and fundamental human rights.

CS Byrnes violated RCW 9A.00.010 by denying me the right to represent myself competently and completely at a hearing. Furthermore the action was taken ~~in~~ under authority of the state issued identification. Such action also invokes Title 42 §1983 of the United States Code for civil rights violations. Further action taken by CS Byrnes against me must be presumed vindictive and retaliatory as her actions violated policy, code, and law.

CO Rassier was present for the entire recorded hearing. The recording will show that it is CS Byrnes who is not in control, is disrupting her own hearing, and CS Byrnes who asked questions but became volatile when she did not like the answer. It was inmate Reed who remained calm, and collected while insisting that due process be reviewed and take place contrary to the demands of CS Byrnes. CO Rassier thanked Mr. Reed for remaining calm even though he was excused.

I certify under penalty of ~~per~~ perjury that

that afore mentioned statements are a true recollection of the events that transpired on February 22, 2012 at the hearing before CS3 Donna Byrnes, and CO Russier.

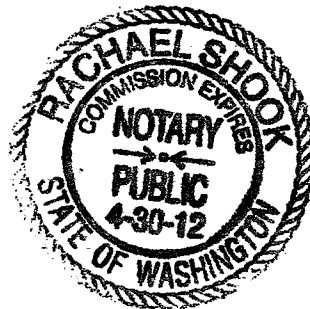
Matthew Reed

Matthew Reed, DOC# 339765

I, Rachael Shook, a notary public certify that Matthew Reed appeared before me on 3-6-12 and signed this document in my presence.

Rachael Shook

Notary Public
Exp: 4/30/12



Attn: Superintendent Miller-Scout Date: 3-6-12
 Re: Major Infraction Appeals - Infraction Code 506
 Infraction Date: 1/24/12 Hearing Date: 2-22-12
 Hearings Officer: CS Donna Byrnes

I am appealing the finding of guilty for infraction code 506, threatening another with bodily harm as found by CS Byrnes on Feb 22, 2012. The infraction must be dismissed for failure to comply with DOC policy 460.000, AHCC policy 460.000, WAC 137-28-290, WAC 137-28-300, and failure to present sufficient evidence to support the finding. Furthermore the the infraction is founded on unconstitutional grounds that violate the First Amendment of the United States Constitution, the U.S. Supreme Court's ruling in *Procunier v. Martinez* (1974), and Title 42 § 1983 of the United States Code.

CS Byrnes deliberately misrepresented facts of the hearing in claiming I was excused for behavioral issues. Point of fact is that it was Byrnes who had a fit for me calmly asking questions regarding the preparation of DOC 17-069, the infraction checklist, and its validity. The checklist form for this matter was prepared for a 606, possession of Tobacco, not the alleged 506 for threatening. This places the chain of evidence and the accuracy of the investigation into question. The accuracy of this information and the right to challenge it is part of Due Process that is protected by numerous codes, policies, laws, and constitutions. CS appears to believe that these protections and procedures can be dismissed at will and arbitrarily as suits her capricious application of process. Operations of this nature are an abuse of process, abuse of the individual, totally unprofessional, and a mockery of justice.

Further due process standards were violated when a hearing was not convened within seven working days of Jan. 24, 2012. Per DOC and AHCC policy 460.000 and WAC 137-28

290 section 6, a hearing must be held within seven days unless a continuance is granted for good cause. No continuances were filed in this matter, particularly one allowing for a delay of 29 days. CS Byrnes never addressed this issue in her tirade to have me excused for raising issues of due process. This sloppy and inadequate review showing prejudice.

Per WAC 137-28-300(3) I shall be allowed to rebut all evidence presented against me. Per WAC 137-28-300(2), I must be present for all stages of the hearing. Per WAC 137-28-300 I am allowed to present evidence on my own behalf. CS Byrnes in a reckless display of unprofessional conduct denied all of these rights solely because she did not want to hear them. This is egregious and unsanctioned conduct in place purported to be governed by the rule of law. Asking for and exercising documented rights cannot conotate behavioral issues lest all rights of objection be obliterated.

Apart from CS Byrnes misconduct, the infraction itself is a violation of the U.S. Constitution's First Amendment which protects even ugly or hateful speech. The U.S. Supreme court has struck down any policy that is so vague it fairly invites prison officials and employees to apply thier own personal prejudices and opinions as standards for mail censorship. *Procunier v. Martinez* (1974). The court went to prohibit censorship for inflammatory political, racial, religious or other views or beliefs. This standard is particularly applicable to out bound mail in which both sender and recipient have a first amendment interest. DOC does not have a particular government interest in censoring my freedom of expression even if individually they find it repugnant or repulsive. It is inconsistent with the First amendment that an inmate be punished for expressing themselves, but this is exactly what CO Barker is attempting to do with this infraction.

If DOC wishes to consider the content of the email threatening, they need to be able to define a specific person to whom harm will occur, a specific physical harm communicated, and

show a viability to which it could be carried out, i.e. the real threat doctrine. No such harm can be articulated from the contents of the mail as it does not exist. Policy explicitly states harm must be directed toward another as opposed to self. The standard cannot be met for internal communications let alone outbound communication which must be held to a higher standard of censorship.

To the extent CO Barker wants to call the mail suicidal, he must defer to mental health for evaluation. No attempts at suicide or self-harm are documented and mental health cleared me.

CS Byrnes and CO Barker have violated my constitutional rights, the laws of Washington, DOC policy, and the mandates of the highest court in the land in an attempt to impose their own will and standard on me. Such action cannot be upheld with^{out} invoking the precedent of respondent superior to the violations.

This infraction must be dismissed with prejudice.

Submitted on March 7, 2012 by

Matthew Reed

Matthew Reed 339765

On March 6th, 2012, Matthew Reed appeared personally before me and signed this document

Rachael Shook
Notary Public

